schizophrenia in Brazil reached to US$195,885,270.68. Of this amount, only US$ R$7,496,366.58 (3.83%) came from states and US$188,388,904.10 (96.17%) from MoH resources. This value represented 11% of MoH's annual budget for acquisition of high-cost medicines. Olanzapine and quetiapine accounted for nearly 81% of total expenses with atypical antipsychotics (US$103,763,938.18 and US$55,419,573.97, respectively). The others agents represented lower impacts: US$23,199,945.99 (ziprasidone), US$12,881,256.10 (clozapine) and US$620,556.45 (risperidone). **CONCLUSIONS:** The data demonstrate the impact of financial resources applied in atypical antipsychotics to treat schizophrenia in SUS. In this scenario, strategies to strengthen the health industrial complex and to optimize resource allocation, as the current production of olanzapine and quetiapine in public pharmaceutical laboratories, are very desirable.

PMH59

TEXAS COMMUNITY PHARMACISTS' VIEWS AND ACTIONS REGARDING DISPENSING CONTROLLED PRESCRIPTION DRUGS

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OBJECTIVES: Prescription drug monitoring programs (PDMPs) can help pharmacists provide appropriate care to patients taking controlled prescription drugs (CPDs). Study objectives were to 1) describe pharmacists' views on mandating PDMP use and providing opioid addiction counseling; 2) determine what demographic and practice characteristics are associated with CPD-related continuing education (CE) hours; and 3) describe actions associated with dispensing CPDs. **METHODS:** This cross-sectional mail survey of 998 randomly selected Texas community pharmacists was part of a larger study to examine pharmacists' intention to utilize a PDMP. Data were collected anonymously from 2/12-4/12. Descriptive and inferential statistics were used to address the study objectives. **RESULTS:** The useable response rate was 26.2%. Pharmacists were more supportive of mandating PDMP use for physicians (4.1±1.2) than for pharmacists (3.2±1.5), (1=strongly disagree to 5=strongly agree). Male, BS degreed, pharmacy owners (vs. managers) and ≥50 year old pharmacists reported significantly ($p<0.05$) more CE hours related to prescription opioid abuse and pain management. CE was significantly correlated with pharmacists' agreement to provide counseling ($p=0.02$). More than 45% of pharmacists were "always" prompted to use the PDMP when: patients paid cash (48.1%), prescription had mistakes (68.1%) and early refill request were made (66.3%). Prior to dispensing CPDs, more than 45% of pharmacists "always" consulted patient records (49.2%), verified prescribers DEA (48.0%) and patient identification (47.5%). Almost 40% of pharmacists "never" discussed buprenorphine/naloxone with patients or prescribers if they suspected abuse; instead 92.3% refused to fill the prescription and 44.0% were neutral regarding notifying law enforcement and counseling (35.1%). Pharmacists with a BS degree expressed higher agreement with opioid addiction counseling ($p=0.02$). **CONCLUSIONS:** Older male pharmacists received more CE and seemed more willing to provide counseling to patients with opioid addiction. As PDMP use becomes more prevalent, pharmacists should be prepared to interact and counsel patients with addictive patterns of prescription opioid use.

PMH60

ALL CAUSE AND DISEASE-SPECIFIC HEALTH CARE UTILIZATION AND COSTS FOR MEDICAID BENEFICIARIES WITH SCHIZOPHRENIC DISORDER BEFORE AND AFTER INITIATION OF CLOZAPINE

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OBJECTIVES: Quantify changes in health care resource utilization and costs following clozapine initiation in Medicaid beneficiaries with schizophrenia or schizoaffective disorders. **METHODS:** Data were derived from the MarketScan Medicaid database for dates of service between 2007-2009. Patients had >1 clozapine claim without clozapine use in the 12 months prior to the initiation (index) date; had >1 diagnosis of schizophrenic disorder (ICD-9-CM=295.xx) in the 12 months prior (preperiod) through 12 months after (postperiod) index; were continuously enrolled throughout the preperiod and postperiod; and were aged 18-64 years. Outcome measures included health care payments and resource utilization in 3 categories: all-cause (primary outcome); disease-specific (mental health and schizophrenia diagnoses); and cardiometabolic (cardiovascular or diabetes diagnoses). Comparisons of preperiod versus postperiod values were made using paired t-tests and McNemer's tests for continuous and categorical variables, respectively. **RESULTS:** Mean patient age (n=1,045) was 36.32 years; 56.1% male. Following clozapine initiation, mean 12-month all-cause health care payments did not change significantly (preperiod=$27,407, postperiod=$26,518, $P=0.415$). Payments for mental health and schizophrenia-related claims declined by 13.6% ($P<0.001$) and 11.7% ($P=0.016$), respectively. Increases in outpatient costs were offset by inpatient service cost reductions; significant declines were observed from the preperiod to the postperiod in the percentages of patients with hospitalizations for all causes (40.6% vs. 35.7%, $P=0.003$), mental disorders (40.2% vs. 35.1%, $P<0.001$), and schizophrenia (35.9% vs. 31.6%, $P=0.007$). No significant changes in cardiovascular or diabetes costs were observed. **CONCLUSIONS:** Clozapine initiation was associated with reductions in disease-specific health care utilization and costs without increased cardiometabolic costs.

PMH61

OFF-PATENT BRAND ANTIDEPRESSANTS UTILIZATION: A NATIONALLY REPRESENTATIVE SAMPLE ANALYSIS

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OBJECTIVES: To identify sociodemographic factors associated with off-patent brand antidepressants utilization. **METHODS:** Secondary data analysis was conducted using 2010 Medical Expenditure Panel Survey (MEPS). Although the following medications were available in generic products as of 2010: Venlafaxine, Fluoxetine, Paroxetine, Bupropion, Citalopram, Sertraline, Mirtazapine. 216 unique participants were identified as brand users out of 1694 participants taking the aforementioned medications. Race, family's total income, health insurance coverage, gender, and age were categorized and included first in bivariate logistic regression to identify significant predictor variables for the utilization of off-patent brand antidepressants. Charlson Co-morbidity Index (CCI) score was calculated using ICD9CODX variable and the total score was included in the analysis. The significant predictor variables were then included in multivariable logistic regression model. **RESULTS:** Brand users were more likely to be White (non-Hispanic) (OR=2.158, 95% CI=1.27-3.659), female (OR=1.678, 95% CI=1.109-2.537), having private insurance (OR=1.481, 95% CI=1.028-2.134) and from upper middle income class (family's total income: $100,000-$500,000) (OR=1.595, 95% CI=1.030-2.471). However, race (White (non-Hispanic)) and gender (female) variables were found to be significantly associated with brand utilization ($P<0.05$) after accounting for income and insurance coverage. Participants with zero CCI score (absence of CCI's 17 chronic medical conditions) were more likely to be brand user (OR=1.286, 95% CI=0.901-1.837) although this was not found to be statistically significant ($P>0.05$). **CONCLUSIONS:** Despite some case reports and bioequivalence studies suggesting a disadvantage in efficacy and tolerability of generic medications compared with brand-name equivalents, the preponderance of evidence suggests that generic antidepressants provide cost savings over brand-name medications and equal discontinuation rate. Racial as well as gender differences in brand antidepressants preferences were identified, which will possibly help clinicians counsel patients with higher likelihood of utilizing off-patent brand-name antidepressants to help dispel any misconceptions about generic antidepressants' efficacy.

PMH62

COMPARATIVE ANALYSIS OF DRUG USE IN THE AMBULATORY SETTING AMONG THE ELDERLY MEDICARE BENEFICIARIES WITH ALZHEIMER'S DISEASE USING DIFFERENT PUBLIC USE FILES

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OBJECTIVES: The Centers for Medicare and Medicaid Services recently increased public access to its Medicare data with the release of Basic Stand Alone (BSA) Medicare Claims Public Use Files. This study sought to compare the estimates obtained from new BSA claims and public survey data on the number of prescriptions per visit associated with Alzheimer's disease (AD) among elderly patients in the ambulatory setting. **METHODS:** Visits of Medicare beneficiaries aged 65+ with AD (ICD-9-CM 290, 294, 331, or disease indicator variable) were identified in two available data years (2008 and 2010) of BSA claims and two national surveys (National Ambulatory Medical Care Survey [NAMCS] and outpatient component of National Hospital Ambulatory Medical Care Survey [NHAMCS]) of the same years. Descriptive statistics were compared between the claims and survey sources on patients' demographics, co-morbidities, and drug use. Numbers of prescriptions per visit were compared between patients with and without AD through multivariate regressions (Generalized Linear Model with Poisson distribution), controlling for age, sex, and a series of co-morbidities. **RESULTS:** Ambulatory visits by Medicare-covered elderly AD patients were identified. As compared to the two surveys, the claims source involves more female beneficiaries (64.8% vs. 52.9%) and has higher proportion of patients with other chronic conditions in addition to AD (88.2% vs. 67.8%). The top 3 co-morbidities in the claims source are myocardial ischaemia, heart failure and diabetes, while the list is different in surveys as arthritis, diabetes and cancer. AD contributes an increased drug use of 2.3 prescriptions per visit in claims and 1.1 prescriptions in surveys, as predicted by multivariate regressions. **CONCLUSIONS:** This study is an initial exploration comparing the new Medicare claims source with national surveys on AD patients' drug use. Further evaluations are needed to inform the use of this new public data source in health services research.

PMH63

ANTIDEPRESSANTS IN SERBIA AND FINLAND: PHARMACOEPIDEMIOLOGICAL STUDY

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OBJECTIVES: Considering depression as a major public health problem worldwide, the aim of our study was to determine the total utilization and pattern of use of antidepressants in Serbia in correlation with Finland. **METHODS:** The data on utilization of antidepressant drugs (ATC group N06) during the four-year period (2006-2010) were retrieved by a retrospective, observational, population-based study. The ATC/DDD methodology was applied and the results were expressed in defined daily doses per 1000 inhabitants per day (DID). **RESULTS:** During the observed period of time, the overall utilization of antidepressants showed a modest tendency to increase in both countries (12.2% in Finland and 15.93% in Serbia). In 2010, overall utilization of antidepressants in Serbia (11,67 DID) appeared to be 6 times lower than in Finland (68.83 DID). Throughout the whole studied period, the selective serotonine reuptake